☐ 9. Surgery for penetrating ocular injury, including intraocular foreign body.
1. Complications requiring additional treatment and/or surgery.
2. Chronic pain.
3. Partial or total loss of vision.

7. Female genital systems treatments and procedures

☐ 1. Abdominal hysterectomy (total)
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.

☐ 2. Vaginal hysterectomy
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.
6. Completion of operation by abdominal incision.

☐ 3. All fallopian tube and ovarian surgery with or without hysterectomy, including removal and lysis of adhesions.
1. Injury to bowel and/or bladder.
2. Sterility.
3. Failure to obtain fertility (If applicable).
4. Failure to obtain sterility (if applicable).
5. Loss of ovarian function or hormone productions from ovary(ies).

☐ 4. Abdominal endoscopy (peritoneoscopy, laparoscopy).
1. Puncture of the bowel or blood vessel.
2. Abdominal infection and complications of infection.
3. Abdominal incision and operation to correct injury.

☐ 5. Removal of fibroids (uterine myomectomy)
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.

☐ 6. Uterine suspension
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.

☐ 7. Removal of the nerves to uterus (presacral neurectomy).
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.
6. Hemorrhage, complications of hemorrhage, with additional operation.

☐ 8. Removal of the cervix
1. Uncontrollable leakage of urine.
2. Injury to the bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.
6. Completion of operation by abdominal incision.

☐ 9. Repair of vaginal hernia (anterior and/or posterior colporrhaphy and/or enterocele repair).
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Sterility.
4. Injury to the tube (ureter) between the kidney and the bladder.
5. Injury to the bowel and/or intestinal obstruction.

☐ 10. Abdominal suspension of the bladder (retropubic urethropexy).
1. Uncontrollable leakage of urine.
2. Injury to bladder.
3. Injury to the tube (ureter) between the kidney and the bladder.
4. Injury to the bowel and/or intestinal obstruction.

☐ 11. Conization of cervix
1. Hemorrhage with possible hysterectomy to control.
2. Sterility.
3. Injury to the bladder.
4. Injury to the rectum.
5. Failure of procedure to remove all of cervical abnormality.

☐ 12. Dilation and curettage of uterus (diagnostic)
1. Hemorrhage with possible hysterectomy.
2. Perforation of the uterus.
3. Sterility.
4. Injury to the bowel and/or bladder.
5. Abdominal incision and operation to correct injury.

☐ 13. Dilation and curettage of uterus (obstetrical)
1. Hemorrhage with possible hysterectomy to control.
2. Perforation of the uterus.
3. Sterility.
4. Injury to the bowel and/or bladder.
5. Abdominal incision and operation to correct injury.
6. Failure to remove all products of conception.

8. Hematic and lymphatic system

☐ 1. Transfusion of blood and blood related components.
1. Fever.
2. Transfusion reaction which may include kidney failure or anemia.
3. Heart failure.
4. Hepatitis.
5. AIDS (Acquired Immune Deficiency Syndrome).
6. Other infections.

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9. Integumentary system treatments and procedures

☐ 1. Radical or modified radical mastectomy (simple mastectomy excluded.)
1. Limitation of movement of shoulder and arm.
2. Swelling of the arm.
3. Loss of the skin of the chest requiring skin graft.
4. Recurrence of malignancy, if present.
5. Decreased sensation or numbness of the inner aspect of the arm and chest wall.

☐ 2. Reconstruction and or plastic surgical operations of the face and neck
1. Worsening or unsatisfactory appearance.
2. Creation of several additional problems, such as:
   1. Poor healing or skin loss.
   2. Nerve damage.
   3. Painful or unattractive scarring.
   4. Impairment of regional organs, such as eye or lip function.
3. Recurrence of the original condition.

10. Male genital system

☐ 1. Orchidopexy [reposition of testis(es)].
1. Removal of testicle.
2. Atrophy (shriveling) of the testicle with loss of function.

☐ 2. Orchiectomy [removal of the testis(es)].
1. Decreased sexual desire.
2. Difficulties with penile erection.

☐ 3. Vasectomy.
1. Loss of testicle.
2. Failure to produce permanent sterility.

11. Maternity and related cases

☐ 1. Delivery (vaginal)
1. Injury to bladder and/or rectum, including a hole (fistula) between bladder and vagina and/or rectum and vagina.
2. Hemorrhage possible requiring blood administration and/or hysterectomy and/or artery ligation to control.
3. Sterility.
4. Brain damage, injury or even death occurring to the fetus before or during labor and/or vaginal delivery whether or not the cause is known.

☐ 2. Delivery (cesarean section)
1. Injury to bladder and/or bowel.
2. Sterility.
3. Injury to tube (ureter) between the kidney and the bladder.
4. Brain damage, injury or even death occurring to the fetus before or during labor and/or cesarean delivery whether or not the cause is known.
5. Uterine disease or injury requiring hysterectomy.

12. Musculoskeletal system treatments and procedures

☐ 1. Arthroplasty of all joints with mechanical device
1. Impaired function such as shortening or deformity of an arm or leg, limp or drop foot.
2. Blood vessel or nerve injury.
3. Pain or discomfort.
4. Fat escaping from bone with possible damage to a vital organ.
5. Failure of a bone to heal.
6. Bone infection.
7. Removal or replacement of any implanted device or material.

☐ 2. Mechanical internal prosthetic device.
1. Impaired function such as shortening or deformit of an arm or leg, limp or foot drop.
2. Blood vessel or nerve injury.
3. Pain or discomfort.
4. Fat escaping from bone with possible damage to vital organ.
5. Failure of bone to heal.
6. Bone infection.
7. Removal or replacement of any implanted device or material.

☐ 3. Open reduction with internal fixation.
1. Impaired function such as shortening or deformit of an arm or leg, limp or foot drop.
2. Blood vessel or nerve injury.
3. Pain or discomfort.
4. Fat escaping from bone with possible damage to vital organ.
5. Failure of bone to heal.
6. Bone infection.
7. Removal or replacement of any implanted device or material.

☐ 4. Osteotomy
1. Impaired function such as shortening or deformity of an arm or leg, limp or foot drop.
2. Blood vessel or nerve injury.
3. Pain or discomfort.
4. Fat escaping from bone with possible damage to a vital organ.
5. Failure of bone to heal.
6. Bone infection.
7. Removal or replacement of any implanted device or material.

☐ 5. Ligamentous reconstruction of joints
1. Failure of reconstruction to work.
2. Continued loosening of the joints.
3. Degenerative arthritis.
4. Continued pain.
5. Increased stiffening.
6. Blood vessel or nerve injury.
7. Cosmetic and/or functional deformity.

☐ 6. Children's orthopedics (bone, joint, ligament, or muscle).
1. Growth deformity.
2. Additional surgery.

13. Nervous system treatments and procedures

☐ 1. Craniotomy (craniectomy) for excision of brain tissue, tumor, vascular malformation and cerebral revascularization.
1. Additional loss of brain function including memory.
2. Recurrence or continuation of the condition that required this operation.
3. Stroke.

Patient ID

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4. Blindness, deafness, inability to smell, double vision, coordination loss, seizures, pain, numbness and paralysis.

☐ 2. Craniotomy (craniectomy) for cranial nerve operation including neurectomy, avulsion, rhizotomy or neurolysis.
1. Numbness, impaired muscle function or paralysis.
2. Recurrence or continuation of the condition that required this operation.
3. Seizures.

☐ 3. Spine operation. Including: laminectomy, decompression, fusion, internal fixation or procedures for nerve root or spinal cord compression; diagnosis; pain; deformity; mechanical instability; injury; removal of tumor, abscess, or hematoma. (excluding coccygeal operations.)
1. Pain, numbness, or clumsiness.
2. Impaired muscle function.
3. Incontinence or impotence.
4. Unstable spine.
5. Recurrence or continuance of the condition that required the operation.
6. Injury to major blood vessels.

☐ 4. Peripheral nerve operation; nerve grafts, decompression, transposition or tumor removal, neurorrhaphy, neurectomy, or neurolysis
1. Numbness.
2. Impaired muscle function.
3. Recurrence or persistence of the condition that required the operation.
4. Continued, increased, or different pain.

☐ 5. Correction of cranial deformity
1. Loss of brain function.
2. Seizures.
3. Recurrence or continuation of the condition that required this operation.

☐ 6. Transphenoidal hypophysectomy or other pituitary gland operation.
1. Spinal fluid leak.
2. Necessity for hormone replacement.
3. Recurrence or continuation of the condition that required this operation.
4. Nasal septal deformity or perforation.

☐ 7. Cerebral spinal fluid shunting procedure or revision.
1. Shunt obstruction or infection.
2. Seizure disorder.
3. Recurrence or continuation of brain dysfunction.

14. Radiology

☐ 1. Angiography, arteriography (arterial injection of contrast media diagnostic).
1. Injury to artery.
2. Damage to parts of the body supplied by the artery with resulting loss of function or amputation.
3. Swelling, pain, tenderness or bleeding at the site of the blood vessel perforation.
4. Aggravation of the condition that necessitated the procedure.
5. Allergic sensitivity to injected contract media.

☐ 2. Myelography
1. Chronic pain
2. Transient headache, nausea, vomiting.
3. Numbness.
4. Impaired muscle function.

☐ 3. Angiography with occlusion techniques therapeutic.
1. Injury to artery.
2. Loss or injury to body parts.
3. Swelling, pain, tenderness, or bleeding at the site of the blood vessel perforation.
4. Aggravation of the condition that necessitated the procedure.
5. Allergic sensitivity to injected contrast media.

☐ 4. Angioplasty (intravascular dilatation technique)
1. Swelling, pain, tenderness or bleeding at the site of blood vessel perforation.
2. Damage to parts of the body supplied by the artery with resulting loss of function or amputation.
3. Injury to the vessel that may require immediate surgical intervention.
4. Recurrence or continuation of the original condition.
5. Allergic sensitivity to injected contrast media.

☐ 5. Spleenoportography (needle injection of contrast media into the spleen).
1. Injury to the spleen requiring blood transfusion and/or removal of the spleen.

15. Respiratory system treatments and procedures

☐ 1. Excision of lesion of larynx, vocal cords, trachea. (no risks or hazards assigned at this time.)

☐ 2. Rhinoplasty or nasal reconstruction with or without septoplasty.
1. Deformity of skin, bone or cartilage.
2. Creation of new problems, such as septal perforation or breathing difficulty.

☐ 3. Submucous resection of nasal septum or nasal septoplasty
1. Persistence, recurring, or worsening of the obstruction.
2. Perforation of nasal septum with dryness and crusting.
3. External deformity of the nose.

16. Urinary system

☐ 1. Partial nephrectomy (removal of part of the kidney).
1. Incomplete removal of stone(s) or tumor, if present.
2. Obstruction of urinary flow.
3. Leakage of urine at surgical site.
4. Injury to or loss of the kidney.
5. Damage to adjacent organs.

☐ 2. Radical nephrectomy (removal of kidney and adrenal gland for cancer).
1. Loss of adrenal gland.
2. Incomplete removal of tumor.
3. Damage to adjacent organs.

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☐ **3.** Nephrectomy (remov[illegible]idney)
1. Incomplete removal of tumor, if present.
2. Damage to adjacent organs.
3. Injury to or loss of the kidney.

☐ **4.** Nephrolithotomy and pyelolithotomy [removal of kidney stone(s)].
1. Incomplete removal of stone(s).
2. Obstruction of urinary flow.
3. Leakage of urine at surgical site.
4. Injury to or loss of the kidney.
5. Damage to adjacent organs.

☐ **5.** Pyeloureteroplasty (pyeloplasty or reconstruction of the kidney drainage system).
1. Obstruction of urinary flow.
2. Leakage of urine at surgical site.
3. Injury to or loss of the kidney.
4. Damage to adjacent organs.

☐ **6.** Exploration of kidney or perinephric mass.
1. Incomplete removal of stone(s) or tumor, if present.
2. Leakage of urine at the surgical site.
3. Injury to or loss of the kidney.
4. Damage to adjacent organs.

☐ **7.** Ureteroplasty [reconstruction of ureter (tube between kidney and bladder)].
1. Leakage of urine at surgical site.
2. Incomplete removal of the stone or tumor (when applicable).
3. Obstruction of urine flow.
4. Damage to other adjacent organs.
5. Damage to or loss of the ureter.

☐ **8.** Ureterolithotomy [surgical removal of stone(s) from ureter (tube between kidney and bladder)].
1. Leakage of urine at surgical site.
2. Incomplete removal of the stone.
3. Obstruction of urine flow.
4. Damage to other adjacent organs.
5. Damage to or loss of the ureter.

☐ **9.** Ureterectomy [partial/complete removal of ureter (tube between kidney and bladder)].
1. Leakage of urine at surgical site.
2. Incomplete removal of tumor (when applicable).
3. Obstruction of urine flow.
4. Damage to other adjacent organs.

☐ **10.** Ureterolysis [freeing of ureter (tube between kidney and bladder) from adjacent tissue].
1. Leakage of urine at surgical site.
2. Obstruction of urine flow.
3. Damage to other adjacent organs.
4. Damage to or loss of the ureter.

☐ **11.** U[illegible]d reimplantation [reinserting ureter (tube between kidney and bladder) into the bladder.
1. Leakage of urine at surgical site.
2. Obstruction of urine flow.
3. Damage to or loss of the ureter.
4. Backward flow of urine from bladder to ureter.
5. Damage to other adjacent organs.

☐ **12.** Prostatectomy (partial or total removal of prostate).
1. Leakage of urine at surgical site.
2. Obstruction of urine flow.
3. Incontinence (difficulty with urinary control).
4. Semen passing backward into bladder.
5. Difficulty with penile erection (possible with partial, and probable with total prostatectomy).

☐ **13.** Total cystectomy (removal of urinary bladder).
1. Probable loss of penile erection and ejaculation in the male.
2. Damage to other adjacent organs.
3. This procedure will require an alternate method o: urinary drainage.

☐ **14.** Partial cystectomy(partial removal of urinary bladder).
1. Leakage of urine at surgical site.
2. Incontinence (difficulty with urinary control).
3. Backward flow of urine from bladder into ureter (Tube between kidney and bladder).
4. Obstruction of urine flow.
5. Damage to other adjacent organs.

☐ **15.** Urinary diversion (ileal conduit, colon conduit).
1. Blood chemistry abnormalities requiring medication.
2. Development of stones, strictures, or infection.
3. Routine lifelong medical evaluation.
4. Leakage of urine at surgical site.
5. Requires wearing a bag for urine collection.

☐ **16.** Ureterosigmoidostomy (placement of kidney drainage tubes into the large bowel).
1. Blood chemistry abnormalities requiring medication.
2. Development of stones, strictures, or infection.
3. Routine lifelong medical evaluation.
4. Leakage of urine at surgical site.
5. Difficulty in holding urine in the rectum.

☐ **17.** Urethroplasty (construction/reconstruction of drainage tube from bladder).
1. Leakage of urine at surgical site.
2. Stricture formation
3. Additional operation(s).

Patient ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.

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RUN DATE: 06/09/02 [redacted]ICAL CITY DALLAS HOSPITAL *LI[redacted] PAGE 1
RUN TIME: 0611 CODING SUMMARY

NAME: WILLIAMS,LABREA **ACCT #:** H00707472988

ADM DATE:	06/02/02	**UNIT #:**	H000826583
ATTEND PHYS:	Sandell,Sharon R.,M.D.	**SEX:**	F
DIS DATE:	06/04/02	**AGE:**	7
DISCH DISP:	DISCH ANOTHER TYPE FACILITY	**DOB:**	07/20/94
LOS:	2	**FIN CLASS:**	07
PT CLASS:	IN.OTH	**ABS STATUS:**	FINAL
ROOM/BED:	H.601D/1		

DIAGNOSES:

ADMIT:	780.6	FEVER	
PRINC:	695.1	ERYTHEMA MULTIFORME	
SECOND:	292.12	DRUG HALLUCINOSIS	C
	276.1	HYPOSMOLALITY	C
	276.7	HYPERPOTASSEMIA	C
	695.89	ERYTHEMATOUS COND NEC	
	E933.0	ADV EFF ANALLRG/ANTEMET	
	273.8	DIS PLAS PROTEIN MET NEC	
	275.41	HYPOCALCEMIA	

CPTS:

OPERATIONS:

06/03/02	86.11	SKIN & SUBQ BIOPSY	B1

DRG: 272 MAJOR SKIN DISORDERS W CC

STATUS	$ REIMB	MIN-LOS	MAX-LOS	STD-LOS	GRP VERS	GRP FC
F	3908.74			5.2	19	07

This form will be maintained as a permanent part of the medical record

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DISCHARGE
SUMMARY

601 D-1

MEDICAL CITY DALLAS HOSPITAL
Dallas, TX 75230

PATIENT: WILLIAMS, LABREA
PHYSICIAN: James R Matson, MD
MRN: 000000H000826583
ACCOUNT No.: H00707472988

TRANSFER SUMMARY

PATIENT: WILLIAMS, LABREA

DATE OF ADMISSION: 06/02/02

DATE OF TRANSFER: 06/04/02

FINAL DIAGNOSIS:
1. Stevens-Johnson syndrome.
2. Vesicular bullous eruption associated with desquamation secondary to #1.
3. Various electrolyte abnormalities including hyponatremia, hyperkalemia, hypoalbuminemia and hypocalcemia.
4. At risk for secondary infections.

DISPOSITION:
Transfer to the Parkland Burn Unit (214-590-6690) to Dr. Hackett of surgery for ongoing care of Stevens-Johnson syndrome.

HOSPITAL COURSE:
This 7-year-old black female was in her usual state of good health until about two days prior to admission. At that time she woke up and noticed that she had a blister on her right cheek. There was also an erythematous papule on the left cheek and the right side of the forehead. During the morning she had no fever and continued to eat well. By four in the afternoon the child complained of generalized itchiness and the mother gave Benadryl. She also had a temperature at that time as high as 104 and this was treated with Advil. It was about that time that the child began to exhibit blisters on the lips. By 11:30 that evening the blisters appeared to diminish somewhat, but she still complained of itching and requested Benadryl.

~~At approximately 2:30 in the morning of June 2, 2002 she began to~~ have vomiting. She was afebrile at that time. Efforts were made to provide her clear liquids and soft drinks; however, the child did not retain any of these.

At approximately 0315 hours on the morning of the 2nd the child again exhibited a temperature to 104 and she was brought to the emergency room at Medical City.

Initial evaluation was that the youngster had a fairly homogenous eruption consisting of 2-3 mm vesicles, which were pruritic. The

Original

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PATIENT: WILLIAMS, LABREA
PHYSICIAN: James R Matson, MD
MRN: 000000H000826583
ACCOUNT No.: H00707472988

child gave a history of previous chickenpox at the age of 5, but at that time the child had no fever and malaise was considered whether it was possible this could have been some other viral exanthem.

Initially, the child was simply observed and no specific therapy was begun. As the lesions began to continue to crop some of them exhibited coalescence and the child's pruritis was very disturbing. Thus, the child was initiated on acyclovir in the evening hours of June 2, 2002. Prior to this, evaluation had been sent for possible varicella. Lesion smear for varicella was negative. This was considered to be 90% sensitive. Similarly, a similar smear for Herpes was also sent, which was also negative. Viral culture was also sent at that time. At that time of this dictation those are showing no evidence of viral growth, although it will be another 1-2 days before they are final.

During the course of the second hospital day the child's vesicular eruptions became bullous, coalescent, and began to show early signs of desquamation. Because of this, dermatology consultation was sought and the child was seen that evening by Dr. Thieberg of dermatology. It was his opinion that the child did have Stevens-Johnson syndrome and that varicella was not in the differential. He based this on the fact of the appearance of desquamation, the more bullous nature of the lesions, the fact that the child had developed enanthem by that time as well as conjunctivitis. As he considered the possibility of varicella to be in the differential albeit somewhat remotely, a biopsy was sent. At the time of this dictation the biopsy is not available, but is expected to be out within the hour.

Management problems: It was clear that the child had sufficiently extensive vesicles and subsequently bullous to require careful management of fluids. During the course of the hospitalization the child had been maintained at approximately twice maintenance fluids, receiving periodic boluses of normal saline as indicated by urine specific gravity. Her urine specific gravities have generally been maintained in the range of ~~1.010 to 1.015. Her electrolytes have generally been~~ satisfactory; however, the morning of the 4th her sodium, which had generally ranged from 132-137 had dropped to 129. Her potassium, which had generally ranged from 3.8-4.3 was to 6.6. Her fluids were revised at that time to provide more sodium and no potassium. It was noteworthy that her BUN was 8 and her specific gravity 1.010, indicating satisfactory hydration. Her mouth also exhibited liquid saliva. The child's glucose the morning transfer had risen as high as 568. Previously, it had generally ranged from 103-149. The 568 is considered to represent a response to steroids provided by Dr. Thieberg the

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PATIENT: WILLIAMS, LABREA
PHYSICIAN: James R Matson, MD
MRN: 000000H000826583
ACCOUNT No.: H00707472988

evening of the 3rd. The child's IV fluids were similarly restricted with respect to glucose. Albumin had been fairly stable throughout the course of admission, being 3.0-3.4; however, on the day of transfer the albumin was seen to be 2.4 for which the child received infusion of 25% albumin 1 gm/kg and followup _____.

Hallucinations were observed on the second hospital day with the child generally claiming to see her sisters and speaking to them. It was of note that in between these episodes; however, the child was coherent and appropriate. An aunt who was also attending the child indicated that these episodes appeared to be worse with Benadryl. The Benadryl was stopped on the 3rd hospital day. Stopped not only to evaluate as possible of hallucinations, but because the pruritis had generally transitioned to cutaneous pain. The youngster was initiated on Fentanyl with apparent satisfactory control of this manifestation.

PHYSICAL EXAMINATION:
Physical exam at this time reveals a child with extensive vesicular bullous lesions.

VITAL SIGNS: Her temperature is 37.8. Her last fever was at midnight and was 38.4 at that time. Her temperature maximum in the past 30 hours has been 39.4 at 1600 yesterday.

GENERAL: She arouses to voice. Walks to the bathroom under her own power. Exhibits good gross and fine motor activity. Does speak to people who are not there, but is still appropriately interactive when challenged.

EYES: The eyes are crusted shut. She has been evaluated by Dr. Leffler of ophthalmology who indicates that for the time being since this is believed to be herpetic, intravenous acyclovir should be satisfactory.

MOUTH: The mouth reveals a mucositis.

SKIN: There is desquamation about the neck and areas on the chest ranging from 3-4 cm x 2-3 cm.

PERFUSION: Generally, perfusion is good with the extremities warm throughout.

LUNGS: Bilateral breath sounds are equal. The lungs are well ventilated and clear.

HEART: Regular rate and rhythm without murmur.

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PATIENT: WILLIAMS, LABREA
PHYSICIAN: James R Matson, MD
MRN: 000000H000826583
ACCOUNT No.: H00707472988

ABDOMEN: Soft, flat, without abnormal masses.

EXTREMITIES: Extremities are warm with good capillary refill and perfusion.

SUMMARY AND ASSESSMENT:
This is a previously well 7-year-old black female who was taking no medications at the time this eruption developed. In retrospect, she may have had a small aphthous of herpetic ulcers about the mouth which are considered to be a possible trigger for this event. This, of course, is uncertain. Her principal management issue at this time appears to be proper management of massive desquamation associated with Stevens-Johnson syndrome. Hallucinations appear to be related to a combination of Benadryl therapy and perhaps in the general stress of the child's situation. There does not appear to be any objective evidence of encephalitis. The child is, therefore, transferred to the Parkland Burn Unit for aggressive care of desquamation and ongoing surveillance and management of associated problems.

James R Matson, MD

JRM:EDiX13381
D: 06/04/02 15:11 T: 06/04/02 19:18 DOCUMENT: 200206040216289200

Original

HISTORY/
PROGRESS

601D

MEDICAL CITY DALLAS HOSPITAL
7777 Forest Lane
Dallas, Texas 75230

PATIENT NAME:	WILLIAMS,LABREA	PATIENT ID:	H000826583
SEX:	F	BILLING #:	H00707472988
ROOM ID:	H.601D-1	DATE OF BIRTH:	07/20/94
		AGE:	7
PHYSICIAN:	Sandell,Sharon R.,M.D.		

HISTORY AND PHYSICAL

PATIENT: WILLIAMS , LABREA

DATE OF ADMISSION: 06/02/2002

ATTENDING PHYSICIAN:

HISTORY OF PRESENT ILLNESS:
Labrea is a 7-year-old little girl admitted this morning via the emergency department with rash and fever. She was well until the morning of 6/1. At the time she woke up mother noticed that the child had a blister on her right cheek. There was also an erythematous papule on her left cheek and one on the right side of her forehead. During the morning she had no fever and continued to eat well. By 4 o'clock in the afternoon the child complained of generalized itchiness. The mother gave Benadryl. She also took her temperature at that time and found it to be 104. This was treated with Advil. At that time the blisters began to appear on the child's lips. By 11:30 the evening of 6/1 the blisters appeared to have diminished somewhat, but the child still complained of itching and requested more Benadryl. At approximately 2:30 in the morning on 6/2 she began having emesis. Temperature at that time was 99 and she got a dose of Tylenol. The parents tried to get Labrea to drink "red pop" to "bring out" the rash, but the child was unable to keep the soft drink down. By 3:15 this morning her temperature was over 104 and the blisters were becoming more prominent. She was subsequently brought to the Emergency Department at Medical City for evaluation. No one else in the home is sick.

She is generally a healthy child and eats a regular diet. She did have chicken pox at the age of 5. She has had no ill contacts or exposures to outside environmental allergen such as poison ivy.

She presented to the emergency department at approximately 4 o'clock this morning. On presentation temperature was 105.1, heart rate 154, respiratory rate 22, blood pressure at 93/57,

MEDICAL CITY DALLAS HOSPITAL
7777 Forest Lane
Dallas, Texas 75230

PATIENT NAME:	WILLIAMS,LABREA	PATIENT ID:	H000826583
SEX:	F	BILLING #:	H00707472988
ROOM ID:	H.601D-1	DATE OF BIRTH:	07/20/94
		AGE:	7
PHYSICIAN:	Sandell,Sharon R.,M.D.		

oxygen saturation was 96% on room air. Exam in the ER was remarkable for fever and her rash. Despite the high fever, Labrea did not appear toxic, nor did she have any meningeal sign. In the ER she was given a fluid bolus. CBC, blood culture, electrolytes and an urinalysis were obtained and she was given a dose of IV cefotaxime. Because of the high fever, the progressing rash, and the oral involvement, she was referred for admission.

PAST MEDICAL HISTORY:
Labrea has had no previous hospitalizations and no surgeries.

SOCIAL HISTORY:
Labrea lives in Dallas with her parents, 10-month-old sister and 1 1/2 year old brother. The parents do smoke. The family has an outside dog and an inside bird. She just finished second grade.

FAMILY HISTORY:
Family history is positive for hypertension in the mother and both grandmothers. Labrea does have cousins with asthma. Maternal grandmother has osteoarthritis. Family history is otherwise negative.

ALLERGIES:
SHE HAS NO KNOWN DRUG ALLERGY.

IMMUNIZATIONS:
~~Immunizations are up-to-date.~~

MEDICATIONS:
She is on no regular medication.

PHYSICAL EXAMINATION:
VITAL SIGNS: Weight is 39 kilos. She remains febrile.

GENERAL: Labrea is a well-developed, well-nourished, somewhat overweight little girl. She is awake, alert, interactive, cooperative and in no distress. She has no complaints of pain at this time. She did say that her throat was somewhat sore earlier when she was vomiting, but that it is no longer sore.

MEDICAL CITY DALLAS HOSPITAL
7777 Forest Lane
Dallas, Texas 75230

PATIENT NAME:	WILLIAMS,LABREA	**PATIENT ID:**	H000826583
SEX:	F	**BILLING #:**	H00707472988
ROOM ID:	H.601D-1	**DATE OF BIRTH:**	07/20/94
		AGE:	7
PHYSICIAN:	Sandell,Sharon R.,M.D.		

HEENT: Head is normocephalic and atraumatic. Pupils are equal, round and briskly reactive to light. Extraocular movements are intact. She does have moderate conjunctivitis bilaterally. She has no rhinorrhea. Her lips appear somewhat swollen. She does have multiple clear vesicals on both her upper and her lower lip, as well as one large hemorrhagic appearing bullous lesion on her upper lip. Posterior pharynx is mildly erythematous, but without exudate. She is not photophobic and has no meningismus.

HEART: Heart is regular in rate and rhythm without murmur.

LUNGS: Lungs are clear bilaterally.

ABDOMEN: Abdomen is soft, nontender, nondistended. Bowel sounds are active.

EXTREMITIES: Extremities are warm with easily palpable distal pulses.

SKIN: Labrea has an approximately 1 cm bullous-appearing fluid-filled lesion on her right cheek. She also has multiple smaller blister-appearing lesions on her lips as described above. There are multiple papular lesions on a red base that are on her face, her neck, her torso, her arms and now starting to appear on her legs and back as well. The lesions are pruritic. Her palms are erythematous, but not desquamating. The soles of her feet appear normal.

LABORATORY DATA:
Lab results available so far: CBC shows a hemoglobin of 12.9, hematocrit 37.9, white count 6.5, platelets 224,000. Differential: 81% granulocytes, 12% lymphocytes, 6% monocytes. Urinalysis was completely negative. Electrolytes: Sodium 132, potassium 3.8, chloride 100, total CO2 22, BUN 13, glucose 125, creatinine 0.6, calcium 9.0. A blood culture is pending.

IMPRESSION:
A 7-year-old girl with an approximately 24-hour history of progressive rash and persistent fever. Despite the high fever

MEDICAL CITY DALLAS HOSPITAL
7777 Forest Lane
Dallas, Texas 75230

PATIENT NAME:	WILLIAMS,LABREA	**PATIENT ID:**	H000826583
SEX:	F	**BILLING #:**	H00707472988
ROOM ID:	H.601D-1	**DATE OF BIRTH:**	07/20/94
		AGE:	7
PHYSICIAN:	Sandell,Sharon R.,M.D.		

and the progressing rash the child is surprisingly nontoxic-appearing and her only complaint is itching. Although the rash is somewhat suspicious for chicken pox, but by history she has already had chicken pox at 5 years of age. The large lesion on her right cheek in particular also raises suspicion of bullous impetigo. She does have some mucous membrane involvement, particularly of her lips, but at this point there is no real involvement of the oral mucosa inside the mouth. As noted above, palms are erythematous, but not desquamating and soles appear uninvolved at present.

PLAN:
1. Admit to pediatrics.
2. Preventative isolation.
3. IV fluids at a twice basal rate.
4. Diet to begin with clear liquids and advance as tolerated.
5. Antipyretics as needed.
6. Clindamycin.
7. Send a Tzanck prep of the fluid from the large vesical on her right cheek, as well as a viral culture of that fluid.
8. Observe carefully over the next 24 hours for progression of the rash, especially for more mucous membrane involvement.
9. Followup blood culture.

SRS:EDiX12840
D: 06/02/02 05:50 T: 06/02/02 07:17 DOCUMENT: 200206020216125100

Sandell

LAST UPDATE: 06/02/02

601D-1

MEDICAL CITY DALLAS HOSPITAL
Dallas, TX 75230

PATIENT: WILLIAMS, LABREA
PHYSICIAN: Joel N Leffler, MD*
MRN: 000000H000826583
ACCOUNT No.: H00707472988

CONSULTATION REPORT

PATIENT: WILLIAMS, LABREA

CONSULTING PHYSICIAN: Joel N Leffler, MD*

DATE OF CONSULTATION:
June 3, 2002.

REFERRING PHYSICIAN:
James R. Matson, MD.

REASON FOR CONSULTATION:
This is a 7-year-old female who was admitted to the pediatric intensive care unit. She presented to the emergency room with a 24 hour history of a progressive rash and persistent fever. She was started on IV acyclovir for presumed varicella and an ophthalmologic consultation was requested because of significant mattering of both eyes, complaints of itching of both eyes and injection of each eye.

PHYSICAL EXAMINATION:
On examination the child was somewhat somnolent, appeared to be in some discomfort. She had a diffuse vesicular rash involving trunk and upper extremities as well as lower extremities. She had diffuse involvement of her face, forehead. The rash appeared to be in various stages of evolution and there were some bullous lesions noted on the forehead and eyelids. Her eyelids were closed and there was some lid edema. In attempting to try to open the eyelids one of the bullous lesions on the eyelid did rupture with a clear fluid being released and the underlying dermis exposed. In essence it was impossible to do an examination of this child because of her agitation and the rather fragile state of her skin.

IMPRESSION:
My impression is that although certainly this could represent varicella I am concerned about Stevens-Johnson syndrome or some bullous disease.

RECOMMENDATIONS:
At this time I would treat the exposed excoriated areas with Polysporin ophthalmic ointment and would defer any other treatment for the eyes until an examination can be performed. If this turns out to be Stevens-Johnson syndrome then other topical agents may have to be used. She is currently on IV acyclovir

Original

-33-26

PATIENT: WILLIAMS, LABREA
PHYSICIAN: Joel N Leffler, MD*
MRN: 000000H000826583
ACCOUNT No.: H00707472988

which should cover her for HSV or to some degree varicella. She will be seen by a dermatologist later today who will hopefully shed some additional light on her condition. I will be happy to follow her as needed.

Joel N Leffler, MD*

JNL:EDiX13905
D: 06/03/02 18:06 T: 06/04/02 15:36 DOCUMENT: 200206030216222600

Original

---34-27

Use Ball Point Pen - Please Press Firmly

Reason for Referral: cc: vesicular rash

HPI: This 7yo BM developed mild abdominal discomfort two nights ago, 6/1/02 she was noted to have a vesicle/pustule on her (R) cheek. Shortly thereafter she had several vesicles around her mouth. Febrile therapy after which responded to Ibuprofen + Tylenol. Blisters went away, then recurred. Temp came back up to 104-105 last pm. Admitted. Vesicular eruption continued to advance. Vomited x 4 so far this am. No diarrhea, eyes burn, urination burns, avoids light, purulent conjunctivitis. No HA. No cough. ⊕ sniffles. Itching.

Immun: UTD. Received MMR & Varivax ~~outbreak~~. Exposures: No ill contacts. Shx: Entering 3rd grader. 10 mos + 21 mo old sibs. Mother 35 wks preg c̄ HTN. No meds, NKDA. No recent travel. Born in Louisiana. Lived in Dallas x 3 years. "Chicken pox" at 5 years over Christmas time - lesions lasted 7-10 days. No fever then. Very itchy. Mother thinks that she has had both measles + chicken pox. FMHx: sib c̄ eczema. Labs: 6.5 > 37.9 < 224 (81 6/12 46 L) 132|100|13 / 3.8|22|0.6 < 125; UA ⊖; Ca 9; SGOT 57; SGPT 52

PE: WT: 39 kg VS: T 40.4 HR 142, BP 114/76, RR 24

Gen: sleepy from benadryl, but arousable + compliant.

HEENT: lips swollen c̄ hemorrhagic bullae on (L) bottom lip. (B) conjunctival hemorrhages, multiple coallescent vesicles on ~~both~~ both cheeks, across forehead, more circumscribed lesions around mouth and on ears. TMs WNL. Throat poorly seen. Friable oral mucosa. Lungs CTA, heart RRR ∅m, abdomen soft ~~No~~ HSM. GU: female, tanner 1. No adenopathy. 20-30 lesions across chest c̄ central blisters on red bases. Fewer on extrem/back. None on soles/palms. Some blisters on mouth c̄ blood.

Imp: ① Febrile illness characterized by vesicular rash. Diff dx hemorrhagic varicella > echovirus > HSV, > Small pox which has a much deeper dermal component.

Rec: ① VZV DFA ② Viral cxs. ~~see~~ See page 2

Marc Mazade MD

Physician

Patient ID

Medical City Dallas Hospital *Green Oaks* **Behavioral Health Services**

Report of Consultation

Date/Time: 6/2/02 : 17^00

Referring Physician: Jim Matson

Consulting Physician: Marc Mazade

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/200
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D
[redacted]

———37 28

Form # 0912053C, Dept ALL (Rev 4/98) White - Chart Yellow

Use Ball Point Pen - Please Press Firmly

Reason for Referral:

Recs cont:

(3) acyclovir is thought to be of limited benefit in the immunocompetent child <12 yo, without chronic cutaneous or pulmonary disorders, without long term ASA therapy, and without steroid therapy.

(4) If VZV, mother thinks she is already immune by virtue of her own previous childhood infx. Serology can be done if needed.

(5) will research other infectious vesicular illnesses.

(6) will prob. stop clindamycin soon.

Procedure: I unroofed, swabbed for culture & prepared direct fluorescent ~~slides~~ antibody slide from forehead + finger lesions.

Physician

Medical City Dallas Hospital *Green Oaks Behavioral Health Services*

Report of Consultation

Date/Time: 6/2/02 : 1700

Referring Physician: Jim Matson

Consulting Physician: Marc Mangelsdorf MD

Patient ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/200
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D

Form # 0912053C, Dept ALL (Rev 4/98) White - Chart Yellow - Referring Physician

38-29

6/3/02

Use Ball Point Pen - Please Press Firmly

Reason for Referral: Rash

S: 7 y/o black ♀ c̄ worsening vesicular and bullous eruption. Referred by Dr. Matson, Admitted 6/2/02 c̄ rash and fever. Began as blisters on neck and/. Then worsening pruritus and fever. No one sick at home or school. No new meds. Hx varicella at age 5. ? up to date on vaccines. Blisters rapidly progressed over the next day. No new contactants. Denies SOB, earache. Rash rapidly progressed while in ER. WBC 6.5

O: Pt shivering, very uncomfortable. Sheets hurt to move. Coalescing vesicles and bullae throughout face, trunk, extremities. Severe eyelid and lip edema. Unable to open eyes. Lesions more discrete on legs c̄ erythematous edematous macules c̄ grey vesicular center. Some crusting on lips, neck. Vulva, labia involvement. Unable to open mouth due to swelling, discomfort. Facial edema c̄ erythematous macules, some vesicles

A: With bullous lesions, rapid progression, oral/ocular involvement, a hx of varicella at age 5 and a negative VZV DFA, the clinical picture favors Stevens-Johnson. The ~~etiology~~ initiating event is unclear - most Stevens-Johnsons are drug reactions and we can get no history of prior medication from mother or child. Lesions began before she was given Advil. This could be a very severe Erythema Multiforme triggered by ~~[illegible]~~ HSV infection. Differential also includes eczema herpeticum (there is a past hx of atopy). This does not look typical for coxsackie infection, pemphigus or pemphigoid. Bullous impetigo not usually so widespread.

P: Discussed case at length c̄ Dr. Rhee and Dr. Masude. As pt has IV Acyclovir on board I recommend starting IV Solumedrol @ 1mg/kg/day (÷ q 12°).
* Punch bx performed to help establish diagnosis ® thigh lesion. Maternal written consent obtained. 1% lido c̄ epi anesthesia, 4mm punch taken, hemostasis c̄ 4-0 nylon suture. Specimen delivered to path c̄ instructions to RUSH and cut extra sections for immunohistochemical staining. Keep pt. warm. IV Benadryl q 6°. Cont Claritin for now. Avoid med alterations. Follow electrolytes daily. If this worsens and pt begins to decompensate, then consider transferring to Parkland Burn Unit. If bx confirms Stevens Johnson and condition deteriorates consider IVIG. Watch IV fluid status as she will have difficulty taking p.o.

[signature] Physician

Medical City Dallas Hospital *Green Oaks Behavioral Health Services*

Patient ID

Report of Consultation

Date/Time: 6/3/02
Referring Physician: Matson
Consulting Physician: [signature]

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: [redacted] Sandell,Sharon R.,M.D.

=35– 30

Form # 0912053C, Dept ALL (Rev 4/98) White - Chart Yellow - Referring Physician

Use Ball Point Pen - Please Press Firmly

Reason for Referral:

Physician

Medical City Dallas Hospital *Green Oaks Behavioral Health Services*

Report of Consultation

Date/Time: 6-3-02 1930

Referring Physician:

Consulting Physician:

Patient ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.

Form # 0912053C, Dept ALL (Rev 4/98) White - Chart Yellow - Referring Physician

36-31

N6303

Date	Time	
6-2-02		Peds
1215		Rash — child on neo-
		meds prior to rash
		PE — [illegible], [illegible]
		[illegible] vesicles/[illegible]
		some [illegible]
		[illegible]
		[illegible] — color [illegible]
		[illegible]

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

N6303

Date	Time	

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

N6303

Date	Time	

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

N6303

Date	Time	
6-3-02		Peds
1135		Still [illegible] but much
		less [illegible]. [illegible]
		[illegible] to sisters
		([illegible])
		[illegible])
Tm 40.5		AE – [illegible]
		[illegible], good
USG		[illegible]. Expresses
1010		[illegible]
		[illegible]
		Skin – [illegible]
		[illegible]
		Ⓐ [illegible]
		[signature]

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: [redacted] Sandell,Sharon R.,M.D.

Progress Notes
N6303-T 10/98

-49- 35

N63

Date	Time
6/3/02	1100

Pediatric Infectious Diseases Daily Progress Note

Antibiotics: acyclovir 780 mg, IVq6° clinda

~~The patient was examined, the interim notes in the medical record and the MAR reviewed, the available laboratory information and imaging reports reviewed, and pertinent findings recorded~~

Interim highlights: hallucinations. Feels a bit better this am. Spit up blood.

VS: T 39.4 HR 140 RR 24

PE: ☐ Unchanged from previous exam of _____ except or as specifically described below:

	Normal	Abnormal	Comments
General:	☐	☐	rash has remarkably progressed.
HEENT:	☐	☐	Now c large coalescent bullae under
Lungs:	☐	☐	skin. Vesicles by face ~~thorax~~ &
CV:	☐	☐	
Abdomen:	☐	☐	soft tissue swelling. Eyes ~~swelled~~ +
Skin/soft tissues:	☐	☐	boggy. Mouth c white ulcerative
GU:	☐	☐	coating. mottled shivering.
Neuro:	☐	☐	
Musculoskeletal:	☐	☐	Trunkal lesions typical of VZV.
IV access sites:	☐	☐	

Pertinent (interim) labs and culture results: blood cx 1/2/02

133	100	8	Bili T 0.4	SGOT RO	AP 22	
4.3	23	0.8	Bili D 0.2	SGPT 61	8.7	13.4 / 40 / 83 / 14.4 / 20 / 183,000

Herpes DFA ⊖, VZV DFA ⊖ Viral cxs in progress

Other data:

Impression: ① Varicella clinically vs Stevens Johnson - progressing rapidly.
② Possible encephalitis

Recommendations: ~~(Diagnostic, Therapeutic, Prophylactic, Monitoring, and/or Follow-up)~~
① Discussed c Dr. Sandell ~~cx~~ pm & Dr. Watson this am and afternoon.
② Dermatology consult.
③ No aspirin.
④ IV fluids

Marvel Mansell MD

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

48-30

Progress Notes
N6303-T 10/99

N6303

Date	Time	

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

---=47 37

N6303

Date	Time	
6/3/02		Pediatric Oph:
		7 y.o. O c̄ Diffuse vascular
		[illegible]

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Progress Notes
N6303-T 10/98

—46 38

N6303

Date	Time	

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

N6303

Date	Time	
6/3/02		Pediatric Ophth
		Patient examined & chart reviewed
		Imp: R/o Stevens Johnson vs
		Bullous process vs varicella
		Unable to examine ocular surfaces
		[illegible] ophthalmologist to [illegible]
		[illegible]
		Await dermatology consult
		Will follow and try to return
		[signature]
6/4/02		Neuro
0800		[illegible]
		[illegible] LFT [illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
6-2 [illegible]		
6-3 [illegible]		Plan
6-3 [illegible]		1. Repeat LFT [illegible]
		2. [illegible]
		[signature]

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D. [redacted]

Progress Notes
N6303-T 10/98

44 40

N6303

Date	Time	

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

N6303

Date	Time	
6-4-02	0840	Peds
		Dif Dx / Varicella vs. SJS
		Lab: VZ smear (−) (90% sens)
		Herpes smear (−)
		Skin Bx & Viral cultures ready today
		(A) if SJS, then steroids + burn unit
		Maintenance Fluids
		Hgb 6.6 Na 129 ↓
		Gluc 568 ↑ (Steroid effect?)
		Ca 7.1 (related to Alb ↓)
		Mg 2.4
		(A) see orders
		Encephalopathy
		Child sees sisters & believes she is @ home. Aunt states this worse ē the "taking medicine".
		NH4 29
		NE: coherent & appropriate on exam; does speak of sisters (not present)

[illegible] — [illegible]
Skin now ē med areas desquamation
(A) Prob SJS
will have [illegible] this [illegible]

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/200
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D
[redacted]

Progress Notes
N6303-T 10/98

-42-

Date	Time
6/4/02	1125

Pediatric Infectious Diseases Daily Progress Note

Antibiotics: clinda, acyclovir

~~(1) The patient was examined, the interim notes in the medical record and the MAR reviewed, the available laboratory information and imaging reports reviewed, and pertinent findings recorded.~~

~~Interim highlights:~~

VS: T 36.8 HR 39 RR 20 BP 111/?

~~PE: ☐ Unchanged from previous exam of _____ except or as specifically described below:~~

	Normal	Abnormal	Comments
~~General:~~	☐	☐	+ talking c grandmother. blisters are changing to large bullae c purulent clear fluid c dependent pendulous skin, denuded areas on chest 2x3 cm, L eyelid, shoulder c pink tissue beneath. Eyes swollen shut. lips dry/cracked + mouth c white coating
~~HEENT:~~	☐	☐	
~~Lungs:~~	☒	☐	
~~CV:~~	☒	☐	
~~Abdomen:~~	☒	☐	
~~Skin/soft tissues:~~	☐	☒	
~~GU:~~	☐	☐	
~~Neuro:~~	☐	☐	
~~Musculoskeletal:~~	☐	☐	
~~IV access sites:~~	☐	☐	

~~Pertinent (interim) labs and culture results:~~ called viral diagnostics - Viralex 024

129 | 102 | 8 < 568 SGOT 175 AP 135. 11.7 / 182 / 16.7 / 1^

6.6 | 20 | 0.9 SGPT 80 3.0 / 35 / 135,000

blood cx ⊖.

~~Other data:~~

~~Impression:~~ ① Stevens-Johnson syndrome - progressing now through bullous formation + denuding. VS TEN

~~Recommendations: (Diagnostic, Therapeutic, Prophylactic, Monitoring, and/or Follow up)~~

① Discussed case at length c Dr. Matson + dermatology consultant. Discussed c virology lab. VZV DFA ≥ 90% sensitive. Culture growth may take 5-7 days for VZV.

② could stop clindamycin if desired.

③ Transfer to burn center.

Mark Tolan M.D.

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Progress Notes
N6303-T 10/99

N6303

Date	Time	

PATIENT IDENTIFICATION

Progress Notes

N6303-T 10/98

N6303

Date	Time	
6-4-02		Parkland Burn Unit
1145		214-590-6670
		Dr [illegible]
		Fax 214 590 2213
		Pt accepted [illegible]
		[illegible]
		[signature]
6-4-02		[illegible]
		[illegible]
		[illegible]
		to [illegible] Burn unit
		[signature]
6-4-02		Transport [illegible]
1510		
		1662892
		To ER [signature]

Parkland [illegible] 214 590 6690

972-566 ~~[illegible]~~ 7217

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Progress Notes
N6303-T 10/98

—39—45

PHYSICIAN'S
ORDERS

 T4014

USE BALL POINT PEN PRESS FIRMLY

Authority is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark
		☐ Outpatient Procedure: ________ (procedure) for ________ (medical reason).
		☐ Place in Outpatient Observation Services for ________ (medical reason).
		☐ Admit as Inpatient for ________ (medical reason).

Physician Signature: ____________________

Date	Time	Additional Orders: (Dates/Times required)
6/2/02	0525	(1) admit WD ~~[illegible]~~ 601-D
		(2) Dx: rash + fever
		(3) Condn: Stable
		(4) VS: routine
		(5) NKDA
		(6) activity ad lib
		(7) Isolation (? chicken pox)
		(8) Diet: clear liquids, advance as tolerated
		(9) IVF: D5½NS c 20 mEq ~~KCl~~ Kacetate /L @ 100 cc/hr
		(10) Meds: - Tylenol 480 mg (chewables) po q 4-6° prn T ≥ 101 (last dose 0300)
		- Motrin 400 mg po q 6° prn T ≥ 101 unresponsive to Tylenol (last dose 0400)
		- Clindamycin 390 mg IV q 6°
		(11) H+P # 166251
		Thanks - [signature]
		orders noted [illegible]
		[signature]
6/2/02 0700		[signature]

Allergies & Sensitivities ☒ NKA

PATIENT ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F
[redacted]

Weight	Height	Diagnosis
39 kg		

Physician's Orders CHART

T4014 Rev. 4/00

DO NOT WRITE ORDERS UNLESS RED # APPEARS

-146

USE BALL POINT PEN — PRESS FIRMLY

T 4 0 1 4

Authority given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark
		☐ Outpatient Procedure: ____________ (procedure) for ____________ (medical reason).
		☐ Place in Outpatient Observation Services for ____________ (medical reason).
		☐ Admit as Inpatient for ____________ (medical reason).

Physician Signature: ____________

Date	Time	Additional Orders: (Dates/Times required)
6-2-02 1215		[illegible] 80 mg IV q 12 hr
		Tylenol 580 mg PO q 4h prn T > 102 / pain
		NK consult [illegible]
		orders noted 1230 K Kallu [illegible]
6-2-02	0830	V.O. Dr Matson / K Kallu [illegible]
		(1) 25mg Benadryl q 6° prn itching [illegible] K Kallu
6-2-02 1230		CMP, CBC @ 1600
		[illegible] CBC, CMP, [illegible]
		UsG & Glu — notify [illegible] [illegible] > 1.015
		400 ml NS over 1hr [illegible]

noted K Kallu [illegible]

Allergies & Sensitivities ☐ NKA

PATIENT ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/200
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D
[redacted]

Weight	Height	Diagnosis

Physician's Orders CHART

T4014 Rev. 4/00

DO NOT WRITE ORDERS UNLESS RED # APPEARS

-13- 47

T4014

Author... given to dispense the generic equivalent unless ... indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		☐ Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		☐ Place in Outpatient Observation Services for _____ (medical reason).
		☐ Admit as Inpatient for _____ (medical reason).

Physician Signature: _____

Date	Time	Additional Orders: (Dates/Times required)
6/2/02	1300	Δ Zantac to 50mg IV q 8° V.O. DR Mason
	1400	Benadryl 25mg IV Q 6° prn Itching V.O. Dr Mason / K Kallen
		Sandell
6/2/02	1650	① Forehead lesion slide for varicella DFA ② Finger lesion slide for HSV DFA. ③ Forehead vesicle viral culture ④ Finger vesicle viral culture ⑤ Throat viral culture ⑥ Nasal wash viral culture ⑦ Rectal viral culture
	1715	VO Dr. Mayadas / K Kallen ① Please send above cultures to viral diagnostic labs

Allergies/Sensitivities ☐ NKA

PATIENT ID

Williams, Labrea

Weight	Height	Diagnosis

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.

Physician's Orders
T4014 Rev. 4/00

CHART

DO NOT WRITE ORDERS UNLESS RED # APPEARS

12-48

USE BALL POINT PEN PRESS FIRMLY T4014

Authoriz... given to dispense the generic equivalent unless ...ndicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		☐ Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		☐ Place in Outpatient Observation Services for _____ (medical reason).
		☐ Admit as Inpatient for _____ (medical reason).

Physician Signature: _____

Date	Time	Additional Orders: (Dates/Times required)
6/3/02	2400	Benadryl 25mg IV q 4hrs PRN Avenue Lotion prn V/O Dr. Sandell / Shamonda Sandell SDenil RN
	RX	6/3/02 0010
6/3/02	0230	24° chart ✓ SDenil RN
6/3/02	0330	acyclovir 780mg IV Q16° ×20 doses T.O. Dr. Sandell / SDenil RN
6/3/02	0650	LR 500cc bolus over 1° now ↑ primary IVF rate to 130cc°
		T.O. Dr. Sandell / SDenil RN
6/3	1700	[illegible]
1700		[illegible]

Allergies & Sensitivities ☐ NKA

Penicillin 6/3/02 1100

MSallen 6/3/02 1200

PATIENT ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

Weight	Height	Diagnosis

Physician's Orders CHART DO NOT WRITE ORDERS UNLESS RED # APPEARS -1149

T4014 Rev. 4/00

USE BALL POINT PEN PRESS FIRMLY T 4014

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		☐ Outpatient Procedure: ____________ (*procedure*) for ____________ (*medical reason*).
		☐ Place in Outpatient Observation Services for ____________ (*medical reason*).
		☐ Admit as Inpatient for ____________ (*medical reason*).

Physician Signature: ____________

Date	Time	Additional Orders: (*Dates/Times required*)
6-3-02	1200	3 ml mouthwash [illegible]
		Swish & spit [illegible]
		May [illegible]
		[signature]
		[illegible] consult
		[illegible]
		Ophthalmology consult [illegible]
		Cyclomydril
		Ophthalmic
		1 gtt [illegible] eye
		repeat in 15 min
		[signature]
P Pittman June/03/02		Polysporin oph ointment
		Apply to [illegible] areas on
		eyelids QID
		[illegible] QHS [illegible]
		[illegible]

Allergies & Sensitivities ☐ NKA

M [illegible] RN 6/3/02 1830

Weight	Height	Diagnosis

▼ PATIENT ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 W F Sandell,Sharon R.,M.D.
[redacted]

Physician's Orders CHART

DO NOT WRITE ORDERS UNLESS RED # APPEARS

1050

USE BALL POINT PEN FIRMLY T4014

Authori[illegible]hereby given to dispense the generic equivalent unless [illegible]se indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		☐ Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		☐ Place in Outpatient Observation Services for _____ (medical reason).
		☐ Admit as Inpatient for _____ (medical reason).

Physician Signature: _____

Date	Time	Additional Orders: (Dates/Times required)
6/3/02 21:00		① Solumedrol 20 mg IV q 12°, first dose stat ② Skin biopsy to pathology (R leg) (R thigh)
6/3/02	2130	
6/3/02 21:30		① Clean biopsy site daily with tap water. Dress with Polysporin (R thigh) SDemuth RN 6/3/02 2300
6/4/02	0340	24° chart ✓ SDemuth RN
6/4/02	0730	Stat ammonia R. Davoltue 6/4/02 0735 V.O. Dr. Linder / SDemuth RN

Allergies & Sensitivities ☐ NKA

Weight	Height	Diagnosis

▼ PATIENT ID ▼

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Physician's Orders CHART

DO NOT WRITE ORDERS UNLESS RED # APPEARS

T4014 Rev. 4/00

---9-51

 T4014

USE BALL POINT PEN PRESS FIRMLY

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark
		☐ Outpatient Procedure: ____ (procedure) for ____ (medical reason).
		☐ Place in Outpatient Observation Services for ____ (medical reason).
		☐ Admit as Inpatient for ____ (medical reason).

Physician Signature: ____

Date	Time	Additional Orders: (Dates/Times required)
6/4/02 0930		D2% W E
		100 mEq NaCl
		@130 ml/hr
		Albumin 25%
		37.5 gram IV over 1 hour
		NS 400 ml IV over 1 hour
		DC Benadryl
		Fentanyl 15-30 mcg IV q 1 hour
		[signature]
		[initials] 6/4/02 1010
6/4/02 1640		DC Clindamycin, Acyclovir, Solumedrol
		[signature]
		[initials] 6/4/02 1700

Allergies & Sensitivities ☐ NKA

Weight	Height	Diagnosis

PATIENT ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Physician's Orders CHART

T4014 Rev. 4/00

DO NOT WRITE ORDERS UNLESS RED # APPEARS

8-52

USE BALL POINT PEN PRESS FIRMLY

Authori[redacted] given to dispense the generic equivalent unless [redacted] indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		☐ Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		☐ Place in Outpatient Observation Services for _____ (medical reason).
		☐ Admit as Inpatient for _____ (medical reason).

Physician Signature: _____

Date	Time	Additional Orders: (Dates/Times required)
6/4/02	1700	Start 400 cc NS bolus over 1° Give another dose of fentanyl now then place foley.
		VO Dr Matson /Becker RN Sandell
6/4/02	1645	CMP stat
		may repeat Fentanyl dose in 15 mins if needed
		V.O. Dr. Matson IMS/Sellers RN
		Sandell

Allergies & Sensitivities ☐ NKA

▼ PATIENT ID ▼

Weight	Height	Diagnosis

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F [redacted] Sandell,Sharon R.,M.D.

Physician's Orders
T4014 Rev. 4/00

CHART

DO NOT WRITE ORDERS UNLESS RED # APPEARS

-7-53

USE BALL POINT PEN PRESS FIRMLY

Author[illegible] given to dispense the generic equivalent unless [illegible] indicated by the physician.

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		☐ Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		☐ Place in Outpatient Observation Services for _____ (medical reason).
		☐ Admit as Inpatient for _____ (medical reason).

Physician Signature: _____

Date	Time	Additional Orders: (Dates/Times required)
6-4		Transfer to
1810		Parkland Burn Unit
		Npo after MN
		Zantac 50mg IV q 8h
		Polysporin Ophthalmic
		to lesions of eyes
		Lacrilube Ointment to
		eyes q 2h
		Fentanyl 15-30 µg/h IV gtt hr
		prn

Allergies & Sensitivities ☐ NKA

▼ PATIENT ID ▼

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

Weight	Height	Diagnosis

Physician's Orders CHART DO NOT WRITE ORDERS UNLESS RED # APPEARS

T4014 Rev. 4/00

-6-54

LAB/X-RAY

PRINT DATE: 06/06/02
PRINT TIME: 1129

MEDICAL CITY DALLAS HOSPITAL
7777 FOREST LANE
DALLAS, TX 75230

*** SPECIMEN REPORT ***
PCI User: H.MR.CCJ Lab Database: LAB.COCDL

PATIENT: WILLIAMS,LABREA ACCT #: H00707472988 LOC: H.6D U #: H00826583
AGE/SX: 7/F ROOM: H.601D REG: 06/02/02
REG DR: Sandell,Sharon R.,M.D. STATUS: DIS IN BED: 1 DIS: 06/04/02

SPEC #: DL:M02:7498 RECD: 06/04/02-1757 STATUS: SOUT REQ #: 02571088
COLL: - SUBM DR: Sandell,Sharon R.,M.D.

ENTERED: 06/05/02-1757 SP TYPE: SURGERY OTHR DR:
ORDERED: LEVEL II - SURG

PREOPERATIVE DIAGNOSIS:
Erythema multiforme; Stevens-Johnson vs varicella vs other viral infection

POSTOPERATIVE DIAGNOSIS:
Same

CLINICAL INFORMATION:
7-year-old black female with two-day history of worsening vesicular and bullous eruptions throughout face, eyes, mouth, trunk, extremities, genitalia; some large bullae; some discrete vesicles; palms involved; biopsied lesion is an edematous erythematous macule with vesicular center

MACROSCOPIC EXAMINATION:
Received in formalin is a 3 mm punch biopsy of brown skin that is 5 mm in depth. It is submitted entirely. LLW/mc 6/4/2002

MICROSCOPIC DIAGNOSES:
Right thigh, skin biopsy: Subepidermal vesicle with superficial perivascular and interstitial dermatitis, consistent with erythema multiforme.

Comment
This skin biopsy has a subepidermal vesicle formed by ballooning degeneration and necrosis of keratinocytes at the basal layer with edema of the papillary dermis, perivascular lymphohistiocytic dermatitis, scattered necrotic keratinocytes and an intact stratum corneum. No viral inclusions are identified. The constellation of these findings is consistent with erythema multiforme/Steven Johnson's syndrome.

Signature On File: Leslie L. Walters M.D./ 6/5/2002

** CONTINUED ON NEXT PAGE **

-60-55

PRINT DATE: 06/06/02
PRINT TIME: 1129

MEDICAL CITY DALLAS HOSPITAL
7777 FOREST LANE
DALLAS, TX 75230

*** SPECIMEN REPORT ***
PCI User: H.MR.CCJ Lab Database: LAB.COCDL

SPEC #: DL:M02:7498 PATIENT: WILLIAMS,LABREA #H00707472988 (Continued)

MICROSCOPIC DIAGNOSES: (Continued)

This is an electronically signed summary of the pathology report.

** END OF REPORT **

PRINT DATE: 06/06/02
PRINT TIME: 1129

MEDICAL CITY DALLAS HOSPITAL
7777 FOREST LANE
DALLAS, TX 75230

*** SPECIMEN REPORT ***
PCI User: H.MR.CCJ Lab Database: LAB.COCDL

PATIENT: WILLIAMS,LABREA ACCT #: H00707472988 LOC: H.6D U #: H00826583
AGE/SX: 7/F ROOM: H.601D REG: 06/02/02
REG DR: Sandell,Sharon R.,M.D. STATUS: DIS IN BED: 1 DIS: 06/04/02

SPEC #: DL:M02:7448 RECD: 06/03/02-1810 STATUS: SOUT REQ #: 02569665
COLL: - SUBM DR: Sandell,Sharon R.,M.D.

ENTERED: 06/04/02-1810 SP TYPE: SURGERY OTHR DR:
ORDERED: CYTOPATH 88104

PREOPERATIVE DIAGNOSIS:
Rash, fever

POSTOPERATIVE DIAGNOSIS:
Same

CLINICAL INFORMATION:
None

MACROSCOPIC EXAMINATION:
The specimen, designated Tzank smear, consists of three smears that are submitted for processing and subsequent microscopy.

JB/lb 6/3/02

MICROSCOPIC DIAGNOSES:
Tzank smear, undesignated site: Abundant mixed inflammatory infiltrate including many degenerating neutrophils, lymphocytes, and large mononuclear cells consistent with histiocytes; very few epithelial cells are present; no intranuclear or cytoplasmic inclusions suggesting viral inclusions are identified.

Signature On File: Wayne E. Taylor M.D./ 6/4/2002

This is an electronically signed summary of the pathology report.

** END OF REPORT **

-62-57

PRINT DATE: 06/25/02
PRINT TIME: 0032

MEDICAL CITY DALLAS HOSPI
7777 FOREST LANE
DALLAS, TX 75230

PAGE 1

INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

PATIENT: WILLIAMS,LABREA
REG DR: Sannell,Sharon R.,M.D.

ACCT #: H00707472988 LOC: H.6D U #: H000826583
AGE/SX: 7/F ROOM: H.601D REG: 05/02/02
STATUS: DIS IN BED: 1 DIS: 06/04/02

*** HEMATOLOGY ***

L = Low CL = Critical Low H = High CH = Critical High D = Delta
S* = Age and/or Sex Specific Reference Range

Day	3	2	1			
Date	6/04/02	6/03/02	6/02/02			
Time	0810	0630	1900	Reference	Units	
=>WBC	3.0 L	8.7	7.3	[4.0-12.0]	K/mm3	S*
=>RBC	4.24	4.80	4.43	[4.00-5.30]	M/mm3	S*
=>HGB	11.7	13.4(a) D	12.3	[11.5-14.5]	gm/dL	S*
=>HCT	35.1	40.6	36.2	[33.0-43.0]	%	S*
=>MCV	82.8	84.5	81.6	[76.0-90.0]	fL	S*
=>MCH	27.7	28.0	27.7	[25.0-31.0]	pg	S*
=>MCHC	33.5	33.1	34.0	[32.0-36.0]	g/dL	S*
=>RDW	13.5	13.1	13.2	[11.5-15.0]	%	S*
=>PLT	135	183	180	[130-400]	T/mm3	S*
=>MPV	7.7	7.5	7.3	[6.9-9.5]	fl	
=>GRAN %	82.7 H	83.5 H	86.1 H	[35.0-55.0]	%	S*
=>LYMPH %	14.7 L	14.3 L	9.7 L	[25.0-46.0]	%	S*
=>MONO %	2.9	2.1	4.0	[0-15]	%	
=>EOS %	0.5	0.0	0.1	[0-10]	%	
=>BASO %	0.2	0.1	0.1	[0-4]	%	
=>MDIFF REQUIRED	NO	NO	NO	[NO]		

Day	1			
Date	----------6/02/02----------			
Time	0615	0440	Reference	Units
=>WBC		6.5	[4.0-12.0]	K/mm3 S*
=>RBC		4.54	[4.00-5.30]	M/mm3 S*
=>HGB		12.9	[11.5-14.5]	gm/dL S*
=>HCT		37.9	[33.0-43.0]	% S*
=>MCV		83.4	[76.0-90.0]	fL S*
=>MCH		28.3	[25.0-31.0]	pg S*
=>MCHC		33.9	[32.0-36.0]	g/dL S*
=>RDW		13.1	[11.5-15.0]	% S*
=>PLT		224	[130-400]	T/mm3 S*
=>MPV		7.0	[6.9-9.5]	fl
=>GRAN %		81.3 H	[35.0-55.0]	% S*
=>LYMPH %		12.2 L	[25.0-46.0]	% S*

NOTES: (a) Verified by repeat analysis.

-6358